

Volume XXX

JUNE, 1956

ST. MICHAEL'S HOSPITAL

ARCHIVES

TORONTO

No. 2



NEWS



St. Michael's Hospital School of Nursing Alumnae
TORONTO, CANADA



SUMMER - TIME

CONGRATULATIONS

TO THE GRADUATING CLASS OF 1956

- | | | | |
|-----------------------------|-------------------------|--------------------------------|--------------------------|
| 1. Sister Celestine..... | Toronto, Ontario | 59. Patricia McKeon..... | Hamilton, Ontario |
| 2. Sister Claudia..... | Toronto, Ontario | 60. Mary Lundy..... | Toronto, Ontario |
| 3. Sister Edana..... | Pembroke, Ontario | 61. Marie McKenna..... | Tottenham, Ontario |
| 4. Sister Edna..... | Toronto, Ontario | 62. Lorraine Cushman..... | Capreol, Ontario |
| 5. Sister Isidore..... | Pembroke, Ontario | 63. Patricia Walsh..... | Toronto, Ontario |
| Misses: | | | |
| 6. Juanita Campbell..... | Brantford, Ontario | 64. Marguerite Patenaude..... | Penetang, Ontario |
| 7. Lois Shanahan..... | Toronto, Ontario | 65. Rose Mary Tengelits..... | Chatham, Ontario |
| 8. Helen Mangan..... | Toronto, Ontario | 66. Emilie Renasiewicz..... | Toronto, Ontario |
| 9. Patricia Sheehan..... | St. Catharines, Ontario | 67. Yvonne MacKinnon..... | Hamilton, Ontario |
| 10. Edna Barrett..... | Toronto, Ontario | 68. Catherine Mogan..... | Toronto, Ontario |
| 11. Sheila Attridge..... | Aurora, Ontario | 69. Ann Bernhardt..... | Kitchener, Ontario |
| 12. Margaret Gillespie..... | Toronto, Ontario | 70. Marcelline Muldoon..... | Toronto, Ontario |
| 13. Marion O'Grady..... | New Liskeard, Ontario | 71. Bernice Metzger..... | Toronto, Ontario |
| 14. Sheila Smith..... | Toronto, Ontario | 72. Patricia Moore..... | Hamilton, Ontario |
| 15. Judith Stevens..... | Newmarket, Ontario | 73. Maureen Sullivan..... | Toronto, Ontario |
| 16. Ruth Willey..... | Mount Forest, Ontario | 74. Colleen Major..... | Espanola, Ontario |
| 17. Mary Helen McVeigh..... | Barrie, Ontario | 75. Patricia Loughrin..... | Toronto, Ontario |
| 18. Mildred Mulvogue..... | Bridgetown, Nova Scotia | 76. Nancy McKinnon..... | Noranda, Ontario |
| 19. Barbara MacKell..... | Toronto, Ontario | 77. Margaret Garvey..... | Toronto, Ontario |
| 20. Maureen Forrester..... | Montreal, Quebec | 78. Marion Guyett..... | Arthur, Ontario |
| 21. Louise D'Andrea..... | Welland, Ontario | 80. Nancy Daly..... | Toronto, Ontario |
| 22. Carol Conacher..... | Arnprior, Ontario | 79. Mary Madigan..... | Toronto, Ontario |
| 23. Lida Modolo..... | St. Catharines, Ontario | 81. Beverley Rountree..... | Merritton, Ontario |
| 24. Helen Tarcza..... | Smooth Rock Falls, Ont. | 82. Moira MacNeil..... | Toronto, Ontario |
| 25. Patricia Duggan..... | Toronto, Ontario | 83. Michaela Leitao..... | Toronto, Ontario |
| 26. Elaine Bray..... | Copper Cliff, Ontario | 84. Maria Goegebuer..... | Tillsonburg, Ontario |
| 27. Lucille Callon..... | Orillia, Ontario | 85. Patricia Kasaboski..... | Renfrew, Ontario |
| 28. Yvonne Fortin..... | Belleville, Ontario | 86. Mary Mulroney..... | Stoco, Ontario |
| 29. Genevieve Sweeney..... | Orillia, Ontario | 87. Adalgisa Aiello..... | Sudbury, Ontario |
| 30. Denice Burke..... | Mount Forest, Ontario | 88. Lucille Malleck..... | Kitchener, Ontario |
| 31. Mary Bradley..... | Toronto, Ontario | 89. Barbara Miller..... | Walkerton, Ontario |
| 32. Margaret Riddell..... | Kirkland Lake, Ontario | 90. Lorraine McFadden..... | Elora, Ontario |
| 33. Margaret Hamilton..... | Kitchener, Ontario | 91. Hazel Whorms..... | Kingston, Jamaica |
| 34. Carol Nolan..... | Timmins, Ontario | 92. Patricia Mahoney..... | Orillia, Ontario |
| 35. Sheila Maloney..... | Kirkland Lake, Ontario | 93. Maureen Hart..... | Ottawa, Ontario |
| 36. Elizabeth Lineham..... | Copper Cliff, Ontario | 94. Patricia Bauer..... | Waterloo, Ontario |
| 37. Margaret Grepe..... | Toronto, Ontario | 95. Bonnie Hornsby..... | Toronto, Ontario |
| 38. Susan Regan..... | Thornhill, Ontario | 96. Sheila Donnelly..... | Noranda, Quebec |
| 39. Patricia Marion..... | Barrie, Ontario | 97. Kleona Quesnelle..... | Elmvale, Ontario |
| 40. Elizabeth Brunck..... | Toronto, Ontario | 98. Carol-Ann Graham..... | Toronto, Ontario |
| 41. Patricia Carroll..... | Barrie, Ontario | 99. Ann Roche..... | Toronto, Ontario |
| 42. Olive Boyko..... | Oshawa, Ontario | 100. Anne Dolan..... | Ottawa, Ontario |
| 43. Aileen Walsh..... | Toronto, Ontario | 101. Constance Doyle..... | Vinton, Quebec |
| 44. Rita Yates..... | Preston, Ontario | 102. Joan Francis..... | Hanover, Ontario |
| 45. Marie Begin..... | Toronto, Ontario | 103. Marie Whalen..... | Dalhousie Junction, N.B. |
| 46. Gail Tracey..... | Toronto, Ontario | 104. Barbara Graveley..... | Wales, Ontario |
| 47. Evelyn Poleschuk..... | Fort William, Ontario | 105. Sheila Cantlon..... | Arthur, Ontario |
| 48. Virginia Doyle..... | Toronto, Ontario | 106. Veronica Kania..... | Copper Cliff, Ontario |
| 49. Janet Martinello..... | Coniston, Ontario | 107. Marie Rozek..... | King Kirkland, Ontario |
| 50. Mary Hart..... | Toronto, Ontario | 108. Margaret Young..... | Brampton, Ontario |
| 51. Marie Valcour..... | Smiths Falls, Ontario | 109. Elizabeth Forgie..... | Toronto, Ontario |
| 52. Florence Conlon..... | Toronto, Ontario | 110. Janice Horgan..... | Saint John, N.B. |
| 53. Verna Murphy..... | Toronto, Ontario | 111. Elizabeth Hoffman..... | Barry's Bay, Ontario |
| 54. Marina D'Onofrio..... | Toronto, Ontario | 112. Monica Gomes..... | Georgetown, Br. Guiana |
| 55. Doreen Murphy..... | Toronto, Ontario | 113. Judith Carter..... | Toronto, Ontario |
| 56. Margaret Clarke..... | Uptergrove, Ontario | 114. Marianne Rolland..... | Orillia, Ontario |
| 57. Patricia Corner..... | Paris, Ontario | 115. Mary Margaret Battle..... | Merritton, Ontario |
| 58. Louise Bourke..... | Kapuskasing, Ontario | 116. Phyllis Davies..... | Toronto, Ontario |
| | | 117. Loretta Reaume..... | Hamilton, Ontario |

THE NEWS

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St. Michael's Hospital School of Nursing, Toronto, Ontario

ALUMNAE NEWS EXECUTIVE

Editor

Laura McGurk, '32.....91 Dewbourne Ave., OR. 1873

Reporters

Augustine Bourdon, '26.....Apt. 7, 7 Cliffside Drive, AM. 1-4777
Ethel Crocker.....311 Tweedsmuir Ave., WA. 3-8831

Treasurer

Theresa Hurley.....c/o Nurses' Residence, St. Michael's Hospital



ALUMNAE
MEETING

A General Meeting of Saint Michael's Hospital Nurses' Alumnae was held on March 13th, 1956 with Miss Shirley Williams presiding as chairman.

The nominations for the executive of the alumnae were presented by Miss Angela Kelly. The following executive members were accepted unanimously.

- President—Miss Shirley Williams.
- First Vice-President—Miss Mary Watson.
- Second Vice-President—Miss Theresa Hurley.
- Third Vice-President—Miss Gertrude Egan.
- Recording Secretary—Mrs. Margaret Murphy.
- Corresponding Secretary—Miss Rosemary Ellard.
- Treasurer—Miss Barbara Trembley.
- Local Council of Women—Miss Maureen Fitz-Gibbon.

Councillor—Mrs. Lois McDowell.

Committees:

- Nursing Education—Miss Grace Murphy.
- Active Membership—Miss Vera Gratz.
- Associate Membership—Mrs. Audrey Daly.
- Press Publicity—Miss Mary Lou McRae.
- News—Miss Laura McGurk.
- R.N.A.O. Representative—Miss Ella Beardmore.
- Registry—Miss Katherine Davidson, Miss Agnes O'Toole, Miss Betty Drum.
- Visiting—Miss Betty Drum.
- Social—Miss Phyllis Davies.

It was proposed that the constitution be revised and reprinted every five years, and the following amendments were suggested for present revision, 1956, which are to be voted on at the coming June meeting.

BY LAWS

Article Number V

Section I. The annual fee for the active members shall be three dollars, and for associate members

two dollars, and shall be payable January first of each year and any members in default as to the payment of her fee on February first shall be disqualified from enjoying the privilege of membership.

CONSTITUTION

Article V

Expression of tangeable sympathy will be sent to the immediate family of all members and a low Mass for deceased members at the time of death and a Mass offered monthly for deceased members.

It was announced that the scholarship for Post Graduate Study awarded annually to an Alumnae Member has been granted to Miss Helen Smythe.

There being no further business the meeting was adjourned.

Note:—A vote will be taken on the amendments at the coming meeting in June.



THE POPE STRESSES
THE MORAL REQUIREMENTS OF A NURSE

Vatican City (NC)—Pope Pius XII told a group of nurses that their work requires not only technical skill but equally important moral qualities.

"The care of the sick," the Pontiff said, "is not a prerogative of only Religious, men and women, it also needs among the laity legions of competent and generous servants. Just as such labors are born of the Christian spirit, they must also be fed and nourished by it."

The Pope recalled the views of eminent medical men who hold that the influence of nurses over the sick is greater than that of the doctors.

Besides the technical qualifications—such as solid training and thorough knowledge of the newest methods in caring for the sick—the nursing profession requires moral qualifications of no less importance, the Holy Father said.

He listed among them a delicate and modest tact, complete dedication to the sick person, whatever his station in life might be, and consideration for colleagues and doctors.

Other qualities of the good nurse, as pointed out by the Pope, are: patience, discretion, respect for the sick, truth and moral firmness.

The Pope reminded that, today, an ever increasing number of people come under hospital care and that, consequently, the influence of nurses is being greatly extended to practically every family.

"Therefore, we keenly desire that you acquire an ever clearer consciousness of your responsibilities and an ever more burning will to correspond completely with these responsibilities."

Denfinition: An angry man opens his mouth and shuts his eyes.

NURSING CARE OF THERMAL INJURIES

Prepared and Presented at the
REGISTERED NURSES' ASSOCIATION OF ONTARIO ANNUAL CONVENTION

APRIL 12th, 1956

by SISTER M. VIRGINIA, Reg.N., Director of Nursing Education

St. Joseph's School of Nursing,

Hamilton, Ontario

Madame Chairman, Reverend Sisters, Honoured Guests, Members of the Registered Nurses' Association of Ontario—

It seems logical to assume that because of their important military installations, their industrial centres, and their proximity to the Capital (Ottawa), several sections of Ontario will be considered as vulnerable areas should warfare become a reality or a devastating natural disaster occur. Our most effective weapon in such an eventuality is Preparedness. Adequate preparation can save thousands of lives, and reduce physical and emotional trauma. Uncontrolled fear causes panic, and panic adds untold numbers to the casualty lists. Preparation is imperative.

The traditional role of the nurse as a friend and counselor, as well as a skilled technician who contributes to restoration of health, is dramatically illustrated when disaster strikes. Whether these victims are suffering from actual illness, or as a result of separation from their family, fear, loss of property or other emotional stress, they turn to the nurse for comfort.

"DISASTER NURSING" demands adaptability of skills to chaotic conditions, lack of equipment and lack of facilities. A nurse who is able to give care under normal conditions, in a completely equipped hospital, faces a far different situation in disaster where she may be required to set up a box in a corner of a shelter with improvised facilities for sterilizing instruments.

Due to the admission of medical personnel into the armed forces, the nurse will be working without medical direction for varying periods of time, and must depend upon her own judgment.

From where will these Thermal Injuries come? **Dozens, or hundreds** may result from fires in public places, from munitions or other industrial explosions. **Thousands** can occur from the combustion of high explosives in the incendiary bombing of cities. **Tens of Thousands** can occur from atomic bombings.

In the nursing care of thermal injuries, the immediate treatment of seriously burned individuals is extremely important, and the nurse should know what **not** to do as well as what to do. Lives have been lost by the mistaken underestimation of the burn, and the importance of diagnosing this correctly lies wholly in the fact that only thus can the magnitude of problems facing the patient be appreciated.

The "Rule of 9" is a convenient measure for determining the extent of the burn.

Each arm is considered	9%	"	"	"	"
head	9%	"	"	"	"
front of trunk	18%	"	"	"	"
back of trunk	18%	"	"	"	"
Each leg	18%	"	"	"	"
pubis	1%	"	"	"	"

Burns of the face, hands and genitalia are known to produce a greater degree of shock in relation to the surface area burned, than any other area of similar size in the body; and, therefore it is well to note especially the extent to which these areas are involved.

Burns are classified as follows:

- 1) 1st degree—reddening of the skin only.
- 2) 2nd degree—the burn extends through the skin to the subcutaneous layer.
- 3) 3rd degree—complete involvement of muscles, nerves and vessels.

In this treatment we must remember that it is possible that the patient may also be suffering from thermal injuries of the respiratory tract, resulting from inhalation of hot air, hot particles and noxious gases. The severity of this injury depends upon the state of consciousness of the victim, the extent and degree of the skin burn, the environment in which the burn occurred, the material which has burned, and its products of combustion (of which carbon monoxide is the most important). The symptoms depend upon the extent and degree of the respiratory involvement. Where there is a mild injury to the upper respiratory passages, there may be only sore throat and hoarseness. In severe cases, laryngeal edema progresses rapidly to complete obstruction.

Thermal injuries occurring in disasters are often associated with lacerations, crush injuries or fractures, which are sometimes more serious than the burn. Blast injuries producing ruptured viscerae, and/or hemorrhage, should also be kept in mind. Ordinarily the chief dangers from burns are **shock and infection**.

Here we shall refer briefly to the levels of casualty service.

- 1) Disaster Area—Treatment delivered by first aiders only.
- 2) First Aid Station—Where the injured may be held for 24 hours and where Doctors, Nurses, First Aiders, etc. are available.
- 3) Emergency Hospitals—In most of which the

set-up will allow only simple determinations to be made.

DISASTER AREA: In the disaster area the first aiders are equipped to give drugs for the relief of pain and to apply dressings. A patient with a small burn (under 10%) may be left without special dressing, and if the burned area is extensive, the patient can be placed in a clean sheet or table cloth, and clothing **loosened but not removed**. If the patient is unable to walk, transportation will be available, and burn cases receive first priority for evacuation.

FIRST AID AREA: The first aid station will probably be the nurse's first contact with the patient suffering from thermal injuries.

The primary aim in the whole plan for treating casualties is to **prevent** rather than to alleviate emotional disturbances. The following four points, which present a modification of the points stressed by Ruth Freeman, (National Administrator of the American Red Cross Services), are of utmost importance, and provide a basic summary and guide. These are:

- 1) Adopt a calm, confident manner that will lend assurance to those who have been injured, and to others.
- 2) Teach those who care for patients to move deliberately, speak confidently, and offer reassurance.
- 3) Recognize early stage hysteria and put these people to work unless activity is definitely contra-indicated.
- 4) Have every able person assigned to some definite task or responsibility.

The immediate treatment and care is to reassure the patient and to combat shock, the symptoms of which are incoherent speech, coldness, claminess, extreme thirst and rapid heart beat.

The plasma and electrolyte loss must be replaced to relieve hemoconcentration in the blood stream before serious kidney damage results. These measures should be continued until the patient has rallied sufficiently before further treatment is commenced. Intravenous therapy must be started. Since it is unlikely that blood will be available—the following may be used in order of preference—plasma, reconstituted serum, dextran 6% in saline and normal saline. If the patient can take oral fluids a solution of one quart of water, to which has been added a level teaspoon of salt and half a level teaspoon of bi-carbonate of soda, may be given, to maintain the acid base level. Should this solution not be available, water per os would be indicated.

One of the well recognized plans of fluid therapy in burns is as follows:

1 cc fluid / 1% burn / per 24 hours / per kilo.
 $\frac{1}{2}$ this volume may be given in the first 8 hours—the rest in the following 16 hours. The second 24 hours, approximately $\frac{1}{2}$ - $\frac{3}{4}$ the total volume of the first 24 hours. Intravenous fluid given as above in a severe burn should be $\frac{1}{2}$ the volume of plasma and $\frac{1}{2}$ of saline.

The importance of a very accurate intake and output record for severely burned patients cannot be overestimated.

Make a general physical examination of the patient, estimate his weight, determine and chart the extent of the burn. Apply the dressing and on it mark the burned area with a red pencil or lipstick. In the case of second or third degree burns mark (2) or (3) and the depth thereof with (s) shallow or (d) deep—if possible. For the protection of both patient and nurse, the use of masks is advisable. After these initial measures of combating shock have been started, cut the clothing if difficult to remove.

If antibiotics are available, do not give orally, because it may induce vomiting. If it is deemed advisable, patients with less than 15% burns (except the aged or very young) may be allowed up and should be encouraged to assist the other patients in their removal to emergency hospitals.

EMERGENCY HOSPITAL: Patients should be arriving at the emergency hospital within 24 - 48 hours. Of course the general condition of the patient is the first consideration. Here again fluid intake and output are important. Those with over 25% burns, should have a retention catheter inserted. The urine volume excreted hourly will serve for many days as a guide to the adequacy of the blood volume maintenance, and later urine excreted may give an index of the renal damage done.

It is improbable that complicated laboratory tests will be done in emergency hospitals. However, certain examinations, if available, such as hemoglobin estimation, blood counts, hematocrits and urinalysis are aids to indication for continued intravenous therapy and will be continued until the patient has a sufficient oral intake. This is usually at the end of 48 - 72 hours. In the case of the more severely burned patients, intravenous therapy may be necessary for many days.

From the first to the fifth day is the period of wound edema formation, and later diuresis. The patient with a severe burn gains weight, which is the measure of the edema fluid sequestered in the burned area. This sequestration of high protein edema fluid **constitutes the fundamental disorder of water balance and plasma volume in the burned patient**; it is an obligatory "parasitic" edema and if parenteral plasma therapy is not used, it will result in a low plasma volume, high hematocrit, (normal 42-45, 44-48) shock, anuria and death.

The nurse should be keenly aware of these symptoms, because the recognition of the onset of spontaneous diuresis is very important. Suddenly, with no previous change in therapy, the urine volume rises rapidly—for example from 25cc an hour to 150 cc an hour. This is a signal for a drastic reduction in the infusion rate and, in most cases, infusions are discontinued. Enough fluid is then given by mouth, to replace the parenteral therapy, but no more. As

soon as diuresis begins, the patient loses weight rapidly—his acute illness, distention and nausea gradually disappear. During this period good nursing care, sedation, antibiotics and careful attention to fluid therapy take precedence over all other considerations. It is not necessary to redress the wound at this time, although minor revisions and adjustments will often make the patient more comfortable.

From the fifth to the fifteenth day, the patient needs good nursing care and effective surgical care that is based on a valid understanding of the burned patient's disordered metabolism. If his urinary function is good, if the daily nutritional intake is soon restored to high levels (ideally about 3500 calories, 450 gm of carbohydrates and 250 gm of protein) if an adequate red cell count is maintained despite the persistent tendency towards anemia and if invasive infection is avoided by good technique and correct antibiotic therapy, his condition will improve rapidly and his burns will soon be ready for sharp debridement and grafting.

Under these conditions it is unlikely that Stryker frames or burn beds will be available. Since the patient is not being cared for on a frame, greater caution must be observed in turning him, to prevent scraping his wounds when the sheets are removed. These patients usually prefer to turn themselves, if at all possible, for they seem to accomplish it with less pain, although it may take longer.

Strict asepsis must be used in caring for the burned areas which are treated like any other wound. Preferably, cleansing is done only at the time for grafting.

Visitors suffering from upper respiratory conditions are banned, because of the burned patient's susceptibility to infections. The patients should be protected from drafts and chilling. This is sometimes a problem, since exposure of the burned area is necessary, but by keeping the doors closed and the air in the room warm he can be kept reasonably comfortable and free from respiratory complications. Because pain contributes to shock and restlessness, medications are administered when necessary. Deep breathing exercises should be encouraged and supervised at frequent intervals. The nurse must always be on the alert for early signs of developing infection such as restlessness, pain, foul odour and elevated temperature. In doing the dressings, the nurse should observe the extremities for coldness, pallor, cyanosis or loss of pulse. Positions of comfort are important to rest, because severely burned patients are unable to walk, and spend many weeks in bed, therefore, frequent changes of position will make it easier for the patient to relax and rest. General body cleanliness is essential to aid elimination from the skin. After elimination, the areas must be given special attention to prevent deposits of urea crystals from forming on the burns. The patient should be encouraged to move about to lessen the danger of emboli formation, and to prevent his joints from becoming stiff. If the victim has suffered from face

and neck burns, he should be observed constantly for respiratory complications, because these burns involve air passages. If available, a tracheotomy set should be at the bedside at all times. If the early signs of difficulty develop—coughing, wheezing and dyspnea, the doctor must be notified immediately. The mucous membranes of the respiratory tree react to the inflammation with edema, which, if not controlled, immediately will result in death from asphyxiation.

An added caution regarding respiratory embarrassment—Burns of the hand are associated with burns of the face, because a person instinctively raises his hands to his face to protect his eyes, therefore the finger nails are of little value in indicating cyanosis.

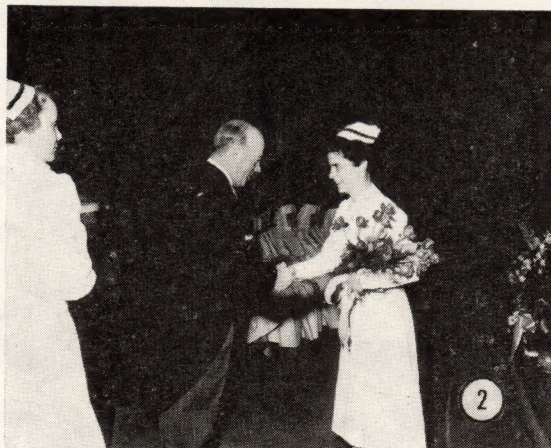
Victims of respiratory tract burns require good and frequent attention to oral hygiene. During the first few days, when they are unable to retain fluids, their lips become dry and cracked, and their mouths dry and foul. A moistened piece of gauze placed over the mouth will give some relief, if it is necessary for the patient to breathe through the mouth. Some of these patients may feel that their breath is offensive to others, and will appreciate frequent mouth washes. The condition of the mouth will greatly influence the appetite for the food required to repair and promote the growth of new cells and tissues. The nurse must use her ingenuity in trying to make food and fluids more appetizing. Since protein is needed for tissue repair, emphasis should be placed in this direction, because the patient's nutritive requirements are greatly increased for a long time after he is burned. Skimmed milk preparations are an excellent and economical source of protein. It is advisable to have frequent small feedings between meals.

When a nurse understands the physiological effects that result from burns, she can represent better to the patient the need for careful attention to urinary output, the importance of infusions and oral fluids and the reasons for frequent blood tests. When the patient understands the reasons for treatments and procedures, he is more willing to co-operate and he makes it easier for himself and the nurse.

A severely burned patient will appreciate the nurse's understanding in helping him with the emotional problems that invariably accompany scarring. She should be kind, encouraging, and above all, endowed with the ability to be a good listener.

Nursing care of thermal injuries presents a challenge and an opportunity for fulfillment of the highest ideals on which the nursing profession has been built. In order to inspire confidence in others, the nurse herself must be prepared, physically and emotionally, to think clearly, act quickly, and adapt herself to any situation. She must have faith, and hope and compassion.

These qualities add immeasurably to the nurse's professional stature at any bedside; in time of disaster they will make her very presence a lamp lighted in the darkness.



Picture 1 — Recessional

Picture 4 — P. Corner, B. MacKell, A. Roche, R. Yates, S. Regan

Picture 5 — R. Tengelites, E. Boleschuk, M. Rozek

Picture 2 — Miss Monica Gomes receiving Diploma from Dr. L. Sullivan

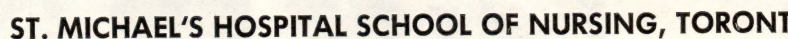
Picture 6 — C. Hogan, H. Tancza

Picture 6—Courtesy of Globe and Mail

Picture 3 — E. Bray, L. Cushman

Picture 7 — M. Begin, P. McKeon

Picture 8 — M. Begin, A. Dolan, P. Sheehan



4. **Scholarships for Post Graduate Study in Operating Room Nursing**, given by the Sisters of St. Joseph, St. Michael's Hospital.
 1. MISS SHEILA ATTRIDGE, Aurora, Ontario.
 2. MISS OLIVE BOYKO, Oshawa, Ontario.
 3. MISS PATRICIA KASABOSKI, Renfrew, Ontario.
5. **Scholarship for Post Graduate Study in Otolaryngological Nursing**, given by Doctor Joseph A. Sullivan.
MISS HAZEL WHORMS, Kingston, Jamaica.
6. **The Doctor R. J. Dwyer Memorial Prize**, given by Doctor J. Loudon for General Proficiency.
MISS MONICA GOMES, Georgetown, British Guiana.



ONTARIO

GRADUATION CLASS - 1956

Toronto; S. Maloney, Kirkland Lake; E. Allon, Orillia; H. Tarcza, Smooth Rock Falls; F. Fortin, Belleville; P. Duggan, Toronto.

Orillia; C. Major, Espanola; V. Murphy, Penetang; M. D'Onofrio, Toronto; E. Ashman, Capreol; M. Rozek, King Kirkland; Milton; M. Muldoon, Toronto; P. McKeon, Wales; S. Cantlon, Arthur; M. Gillespie, Lake, Kapuskasing; Maureen Hart, Ottawa.

Toronto; P. Davies, Toronto; L. Reaume, Saint John, N.B.; E. Poleschuk, Fort William; to; M. McKenna, Tottenham; B. Hornsby,

Toronto; M. Gomes, Georgetown, Br. Guiana; A. Bernhardt, Kitchener; M. Garvey, Toronto; P. Walsh, Toronto; M. Madigan, Toronto; B. Metzger, Toronto; C. Mogan, Toronto; E. Renasiewicz, Toronto; M. Whalen, Dalhousie Junction, N.B.; Y. MacKinnon, Hamilton; P. Loughrin, Toronto; E. Forgie, Toronto.

FRONT ROW

Misses: B. Rountree, Merritton; J. Francis, Hanover; K. Quesnelle, Elmvale; M. Guyett, Arthur; P. Bauer, Waterloo; S. Donnelly, Noranda, P.Q.; A. Dolan, Ottawa; A. Roche, Toronto; C. A. Graham, Toronto; P. Kasaboski, Renfrew; Sister Edna, Toronto; Sister Isidore, Pembroke; Sister Celestine, Toronto; Sister Claudia, Toronto; Sister Edana, Pembroke; H. Whorms, Kingston, Jamaica; M. MacNeil, Toronto; M. Goegebuer, Tillsonburg; M. Mulroney, Stoco; L. McFadden, Elora; L. Malleck, Kitchener; A. Aiello, Sudbury; M. Leitao, Toronto; N. Daly, Toronto; B. Miller, Walkerton.

Absent, M. M. Battle, Merritton.

AND PRIZES

7. **Prize for Efficiency in the Out-patient Department.**
MISS MICHAELA LEITAO, Toronto, Ontario.
8. **The Doctor Gordon S. Foulds Memorial Prize for Efficiency in Urological Nursing.**
MISS MARIE VALCOUR, Smiths Falls, Ontario.
9. **Prize for Efficiency in Surgical Nursing,** given by Doctor E. Keith Welsh.
MISS FLORENCE CONLON, Toronto, Ontario.
10. **Prize for Efficiency in Obstetrical Nursing,** given by Doctor William Noonan.
MISS VERA MURPHY, Toronto, Ontario.

11. **The Doctor L. J. Sebert Memorial Prize,** given by Doctor R. G. C. Kelly.
MISS BARBARA GRAVELEY, Wales, Ontario.
12. **Prize for Efficiency in Bedside Nursing,** given by the Honourable Mr. F. J. Hughes, Q.C., LL.D.
MISS PHYLLIS DAVIES, Toronto, Ontario.
13. **Prize Donated by the Graduate Staff Nurses for Efficiency in Nursing.**
MISS DOREEN MURPHY, Toronto, Ontario.
14. **2nd Prize for Efficiency in Bedside Nursing.**
MISS BARBARA MILLER, Walkerton, Ontario.
15. **2nd Prize for General Proficiency.**
MISS NANCY DALY, Toronto, Ontario.

From "Weekend Magazine"—May 12th, 1956

Gregory Clark tells about DAFT OLD MAN

The first visit to a mental hospital is always an eerie experience. What you find—just a great houseful of gentle hermits, living within the anguished cells of themselves—is so different from what you expect.

Old 999 Queen west, in Toronto, was still called the Lunatic Asylum when I made my first visit. One of my troopers in World War I, a veteran, was hit by a street car and taken unconscious to a hospital. When he recovered consciousness, he was a raving maniac, and he was transferred to 999 Queen west. The shock of the accident had brought on the climax of a disease that eventually affected his brain.

His lunacy took the form of a delusion that he was still in the army and was locked in the clink. He called my name over and over, his old officer, who would get him out of the clink. I was telephoned by the secretary of the famous Dr. C. K. Clarke, superintendent of 999, and a great pioneer in the modern approach to mental illness. I agreed to come out at once, especially as I had long desired to meet this famous old doctor.

When I arrived, in some trepidation on first entering an asylum, Dr. Clarke was not available, and the young interne in charge of my trooper's case came and met me in the front office.

The interne was Dr. Frank O'Leary, whom I knew well; knew him before the war and overseas, where he had lost a leg.

Dr. O'Leary conducted me through the great echoing chambers of the institution filled with the quietness of a hundred gentle souls who did not even raise their eyes as we passed among them. My poor man was away at the back of the place in a padded cell, barred. There we found him raging and raving like a caged gorilla, all his clothing torn off, rolling in his own filth. The instant he saw me, he quieted. Through the bars, naked and foul, he sprang to attention.

He spoke quietly, telling me some utterly fantastic story. I promised at once to take up his case. I assured him he would have to go before a court martial. But first, I had to arrange for the summary of evidence. To take that, he had to get properly dressed. Gentle as a lamb, he came out of the padded cell, donned a nightshirt and was led away by the male orderlies to the soothing baths and showers. (Never again, until he died three years later, did he become violent. Indeed, within a couple of months, he was allowed out once a week to come downtown to my office where, gravely we would discuss the next step in the court martial that never came off; he

was completely disordered, but completely assured that I would get him off.)

When Dr. O'Leary and I saw him led away to the baths by the orderlies, I asked if I could have a look around the asylum. Frank O'Leary was delighted to show me.

We went from great chamber to chamber, passing through massive doors to which Frank had the keys.

At last we came to a final room.

"Here," said Frank quietly, "are the paranoids, mostly."

As we entered, there was a group of 20 or 30 men gathered in a huddle in the centre of the room.

"Ah," said Frank, in a low voice, "here you're going to see the strangest thing!"

He led me up to the fringe of the little crowd.

In the middle, an elderly man, bald-headed, with a walrus mustache and wearing a rather dignified cut-away coat and striped trousers—a little the worse for wear—was holding forth. And all were listening.

"Just listen!" whispered Frank.

He was discoursing on some aspects of paranoid delusions.

"He imagines," whispered O'Leary, "that he is a doctor. Sometimes, he even thinks he is the head of the whole institution."

"The dear old boy!" I whispered back.

For, really, he was beautiful. He swung his pince-nez on its cord. He leaned back, reflectively, choosing his words. His words certainly made sense to me. The whole crowd stood silent. Occasionally, someone would interject a quiet question. The wonderful old man replied, courteously, intelligently.

"Why, Frank," I breathed "This is fantastic!"

"The delusions of paranoia," said Frank, gently. "They believe one another."

I edged in closer, to hear the old man's urbane, confident speech. What a wonderful delusion! He

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not only looked like a doctor, sounded like a doctor; why, there before my eyes was a piece of acting the like of which I had never seen.

I DID notice, however, that there was a slightly wild look in his old eyes.

They fell on me.

"Hello, there," he said. "Who might you be?"

I told him, a little frightened, that I was a visitor. I was with Dr. O'Leary here.

Dr. O'Leary stepped up beside me.

"Ah," said the old man. "Fine. I was just elaborating for some of the patients on certain aspects of the treatment we are planning for them . . ."

"Yes, sir," said I.

"Well, come along," he said, pushing toward me.

He took my arm.

Frank O'Leary fell in on the other side of me. I felt easier.

We walked to the great door that led into the front offices.

The old man drew a bunch of keys, opened the door, and bowed me through.

It WAS the superintendent. It WAS Dr. C. K. Clarke!

And I never trusted Dr. Frank O'Leary again, except to bring several of my collateral descendants into the world; for Frank became one of the great obstetricians of Canada, and of course my lifelong friend.



JUNIOR ALUMNAE

Congratulations To:—

Mr. and Mrs. Wm. Kamps (Joan Rogers) '53, St. Joseph's, Peterborough, February 21st, a daughter, Mary Denise.

Mr. and Mrs. E. Regan (Dorothy Ketcheson) '50, St. Michael's Hospital, February 27th, a daughter.

Mr. and Mrs. E. Sehl (Betty Bellisle) '50, Kitchen-er, March 12th, a son.

Mr. and Mrs. J. Murphy (Lorraine Marion) '53, Kingston, April 16th, a son, Michael Joseph.

Mr. and Mrs. John Hickman (Michaelena Seminiuk) '49, St. Michael's Hospital, April 22nd, a daughter.

Mr. and Mrs. J. Cooney (Dorothy Bergin) '45, St. Michael's Hospital, April 25th, a daughter.

Mr. and Mrs. E. Wriscinshi (Jane Pratt) '51, St. Michael's Hospital, April 26th, a daughter.

Mr. and Mrs. J. Harkins, (Margaret Lowe) '49, St. Michael's Hospital, May 5th, a son, John Wilfrid Hugh.

Mr. and Mrs. D. G. Jeffrey (Alma Marinoff) '52, St. Michael's Hospital, April 21st, a son, David Grant.

Mr. and Mrs. W. H. Evans (Helen Thompson) '34, March 26th, a son.

Mr. and Mrs. J. Dougherty (Elaine Daley) '52, St. Michael's Hospital, April 6th, a daughter.

Mr. and Mrs. H. Wickham (Mary Jane McKee) '53, St. Michael's Hospital, April 11th, a son, Hugh James.

Mr. and Mrs. R. Boehler (Bernadette Hill) '48, St. Michael's Hospital, April 11th, a daughter, Elizabeth Louise.

Mr. and Mrs. A. Harrison (Leone Watson) '55, St. Michael's Hospital, March 10th, a daughter.

Dr. and Mrs. J. R. Phillips (Mary McIsaac) '48, Orillia, March 9th, a daughter, Mary Angela.

Mr. and Mrs. R. Ditner (Mary Eleanor Murray) '52, Montreal, March 11th, a daughter.

Mr. and Mrs. A. Boniferro (Rita Greco) '46, Sault Ste. Marie, March 17th, a son, Patrick.

Dr. and Mrs. L. de Veber (Iola Plaxton) '53, Sudbury, March 24th, a daughter.

Mr. and Mrs. J. Keegon (Judeth Mostellar) '52, Philadelphia, a son, Peter Michael.

Mr. and Mrs. R. Grisbrook (Marion Moore) '53, St. Michael's Hospital, May 12th, a son.

Mr. and Mrs. P. Wainhouse (Aileen Tobin) '54, St. Michael's Hospital, May 16th, a daughter.

Mr. and Mrs. B. Walsh (Mary DeLaPlante) '40, St. Michael's Hospital, May 19th, a son.

Mr. and Mrs. Jas. C. Inglis (Ethel Mordue) '34, St. Michael's Hospital, May 23rd, a daughter.

Mr. and Mrs. E. P. Delaney (Joan Clarke) '53, Barrie, May 22nd, a daughter.



Toronto, Ontario.
April 23rd, 1956

Dear Alumnae Members:

As convenors of the Home-Baking Table at our recent Tea and Bazaar, we wish to extend our most sincere thanks to all members who contributed so generously with cakes, cookies and all sorts of "goodies". It was most gratifying to find such a willingness to help in any possible way.

Again our sincere thanks,
GERTRUDE EGAN
DORIS McCORMACK

News

Notes



We always appreciate hearing of the successes of our graduates and their children and what can be more gratifying than to learn of a son or daughter being called by Almighty God to serve Him. Those about to enter or who have entered Religious Life tell us it is due to the example, inspiration and unselfishness of their parents that make a religious vocation possible.

All graduates of St. Michael's Hospital School of Nursing will share in the pride and happiness of Teresa Marrin Glynn, mother of Paul Glynn, who will be ordained to the Holy Priesthood in St. Basil's Church on June 29th, 1956.

Paul is the only son of Teresa Marrin Glynn and the late Thomas V. Glynn. Paul graduated from St. Michael's College School in 1948 and entered St. Basil's Noviate the same year. The following year he took his Arts Degree, graduating from St. Michael's College, University of Toronto.

On Sunday July 1st at 11:30 a.m. he will offer his first Solemn High Mass in Blessed Sacrament Church, Yonge and Cheritan Avenue.

Friends are invited to attend both ceremonies.

Margaret Dunlop, '54 and Louise McCusker, '54 are on the staff of the Vancouver General Hospital.

Ellen Barrett, '54 is on the staff of St. Vincent's, Vancouver.

Madonna Hartibese, '40 is Nursing Arts Instructor at St. Mary's Hospital, Timmins.

Catherine Maddaford, '38 is now Regional Director of the Northern Area for the Victorian Order of Nurses.

Audrey Metzler, '37 now a matron in the army is attending University in Edmonton.

Marion Pallett, '38 is matron at the Army Hospital in Shilo, Man.

Phyllis Davies and Monica Gomes, members of the '56 Graduating class won the Inter-school tennis championship.

Miss Jeanette Paloschuk, 51 is on the staff at Harper's Hospital, Detroit.

Margaret Godin, 54 has successfully completed her Public Health Nursing course at Ottawa University and will be on the staff of the Ottawa Public Health Department.

Judy Mosteller Keegan of Philadelphia attended the wedding of her sister in Toronto recently.

Letter received from Sue Hunt Paye says in part: "The news arrived yesterday and I felt so badly about Vera McMullin. She was such a wonderful person. She took Mildred Crowley and I under her wing when we entered training."

Best regards, "Sue Hunt Paye"

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KEALY-O'DONOHUE—Alma O'Donohue, 51 to Arthur Raymond Kealy, St. Teresa's Church, May 6th.

BENNETT-CULLITON—Mary Culliton, '53 to Augustine Bernard Bennett, Blessed Sacrament Church, June 2nd.

BLAIR-HAGGART—Margaret Haggart, '35 to Dr. Wilfrid Blair, in Montreal, February 17th.

BRADLEY-FARRAGHER—Rita Farragher, '55 to Dr. B. M. Bradley, Blessed Sacrament Church, April 7th.

MAHONEY-KENNEDY—Lenora Kennedy, '52 to Joseph Edwin Mahoney, St. Michael's Cathedral, May 5th.

HENDRICKSON-PURVIS—Mary Louise Purvis, '52 to Dr. Russell R. Hendrickson, Tokyo, May 19th.

MacKENZIE-FORESTELL—Barbara Forsetell, '48 to Wm. James MacKenzie, St. Kevin's Church, Welland, May 26th.

EVANS-BURAK—Lee Burak, '50 to Dr. John Graham Evans, St. Josephat's Cathedral, May 26th.



OUR SYMPATHY TO:

Catherine Farrelley, '55—on the death of her brother.

Rev. Sister Marie Antoinette—on the death of her father.

Doris Holliday Pritchard, '33—on the death of her father.

Lucille Cudmore Ranelli, '52—on the death of her brother.

Reva Helpert, '50—on the death of her father.

Alveda O'Brien Cunningham, '40—on the death of her husband.

E. M. Haffey Ball '02—on the death of her husband.

Reta Ball, 33 and Sister Monica Ball '39—on the death of their father.

Eunice Darrach Richards, '43—on the death of her father.

Catherine Miron Doran '38—on the death of her father.

Lorraine Larsen Riley, '37—on the death of her father.

Dr. and Mrs. J. A. Vining (Beatrice Curtis), '32—on the death of their daughter, Ann.

Kathleen Moffit Kirwin, '44—on the death of her mother.

Family of the late Elizabeth McCabe Regan, '24—on the death of their mother.

Julia Sullivan Bellemore, '05—on the death of her husband.

The Alumnae extends to the Grey Nuns of the Cross sincere sympathy in the tragic deaths of the Sisters of their Community, in the fire which destroyed their Convent in Ottawa.

Sister Joseph Edmund, who took her dietetic internship at St. Michael's, was one of the survivors.

Aurel Gaudet Boden on the death of her mother. The late Letitia Gaudet Lambrethsen was also a graduate of St. Michael's.

From "The Toronto Telegram"—April 7th, 1956

PAPAL MEDAL AWARDED TO WHITBY WOMAN

For her 40 years' service to the Archdiocese of Toronto, Mary Irene Foy has been awarded the Pro Ecclesia et Pontifice Medal.

Conferred by Pope Pius XII, it is one of the highest Papal honors given to women. The presentation was made in St. John's Church, Whitby, in which Miss Foy was baptized and confirmed. She lives with her sisters in Whitby.

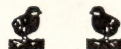
Miss Foy graduated from St. Michael's Hospital training school with honors. Entering the public health field, she became well known throughout the province.

For many years she was director of the Catholic Welfare Bureau here. She was also active in the Catholic Church Extension Women's Auxiliary and held many posts in the Catholic Women's League, including the presidency of the Toronto archdiocesan council. In her spare time she taught Christian doctrine to the Catholic women at Mercer Reformatory.

Delegated by Cardinal McGuigan, Rev. Bernard A. O'Donnell, pastor of St. Patrick's parish, Port Colborne, invested Miss Foy with the Papal Medal and presented the accompanying parchment. He was assisted by Rev. Arthur McMahon of St. Francis de Sales Church, Pickering.

Rt. Rev. Joseph McDonagh, president of the Catholic Church Extension Society, reviewed some of Miss Foy's accomplishments. Rev. Paul Dwyer, pastor of St. Gregory's Church, Oshawa, explained the significance of the medal. Rev. Vincent Hickey, pastor of St. John's, said it was fitting that after her career in other parts of the province, Miss Foy should realize "there is no place like home" and return to her native town to spend her retirement years.

Rev. A. J. McDonald of the Scarboro Foreign Mission Society, and Rev. Brother Victor were also present.



TRY

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THE JUNE ALUMNAE MEETING

will be held in

Nurses' Residence

on

Tuesday, June 12th, 1956

at

8:00 p.m.

BAZAAR FINANCIAL REPORT

Dear Alumnae Members:—

I want to take this opportunity to thank each and every one of you for your kindness and generosity. **You** made the Spring Bazaar a success. My only regret is that I cannot thank each of you, individually, for coming to the Bazaar and for donating so many beautiful things to the various tables.

Because I knew you would all be interested, I am submitting the Bazaar Financial Report to you at this time.

Proceeds

Candy	\$ 40.60
Hand Made Goods	63.30
Home Baked Goods	66.15
White Elephant Table	48.00
Tea Table	24.30
Total	242.35
Draw	420.00
Miscellaneous donations	101.21
Gross Proceeds	\$763.56

Expenses

Prizes	98.50
Stamps & Stationery	20.00
Miscellaneous	2.50
Total Expenses	\$121.00
Net Proceeds	\$642.56

Gratefully yours,

B. A. SMYTHE,
Spring Bazaar Convenor.

HOLIDAYS

Summer is here again, with it comes our wonderful Graduation Class of 1956—the largest class in the history of St. Michael's Training School. One hundred and seventeen new Graduates, to grace our beloved St. Michael's School of Nursing — Congratulations !!!

The Graduates of St. Michael's Hospital School of Nursing are indeed fortunate in having the Sisters of St. Joseph's Community as their teachers and guides. Not only in the nursing duties but in the greatest achievement of all caring for the souls of the sick and needy.

To the Sisters, the Staff and the Graduates of St. Michael's Hospital, we wish a most enjoyable summer and God willing we will all meet again in the Fall.

L. McGURK, Editor



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L. McCURK, Editor

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Tea Table	24.30

Total

	\$242.35
Draw	120.00
Miscellaneous donations	101.21

Gross Proceeds

	\$263.56
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Expenses

Prizes	08.00
Stamps & Stationery	20.00
Miscellaneous	2.50

Total Expenses

	\$121.00
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Net Proceeds

	\$142.56
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Gratefully yours,

B. A. SMYTHE

Spring Bazaar Coordinator

